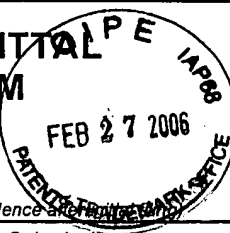



TRANSMITTAL FORM  <i>(to be used for all correspondence and information)</i>	Application Number	10/772,476
	Filing Date	February 5, 2004
	First Named Inventor	BROWN, Michael K. et al.
	Art Unit	2127
	Examiner Name	n/a
Total Number of Pages in This Submission	Attorney Docket Number	13210-140

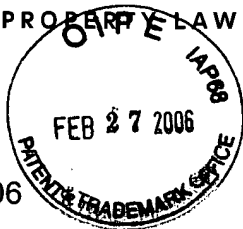
ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): return receipt card; and copy of publication cited in IDS.
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm	Bereskin & Parr	
Signature		
Printed Name	Kendrick Lo	
Date	February 23, 2006	Reg. No. 54,948

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Signature		
Typed or printed name		Date

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Bereskin & Parr

INTELLECTUAL PROPERTY LAW



February 23, 2006

Kendrick Lo B.A.Sc. (Eng. Sci.), MBA, LL.B.
416 957 1685 klo@bereskinparr.com

Your Reference: 10/772,476
Our Reference: 13210-140

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

The Commissioner for Patents
PO Box 1450
Alexandria, Virginia
U.S.A 22313-1450

Dear Sir:

Re: United States Patent Application No. 10/772,476
For: METHOD AND SYSTEM FOR PROCESSING A MESSAGE IN A
MOBILE COMPUTER DEVICE
Applicants: BROWN, Michael K. et al.

In accordance with 37 CFR 1.56 and 1.97, subject to the waiver of the requirements of ~~37 CFR 1.98(a)(2)(i)~~ provided by the United States Patent and Trademark Office Notice dated August 5, 2003, applicant hereby submits a Supplemental Information Disclosure Statement including (1) a listing, on PTO form 1449, all patents and other publications of which the applicant is aware that may be considered material to the patentability of its claimed invention, and (2) a copy of the listed publication.

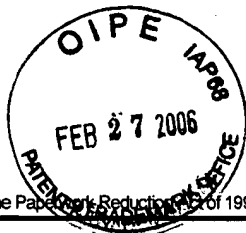
Please have these documents recorded against the above-mentioned application.

Respectfully submitted,

A handwritten signature in cursive script, appearing to read "KLo".

Kendrick Lo
Registration No. 54,948

/md
Encl.



PTO/SB/08b(08-03)

Approved for use through 07/31/2006. OMB 0651-0031
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Substitute for form 1449B/PTO

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(Use as many sheets as necessary)

Sheet 1 of 1

Complete if Known

Application Number	10/772,476
Filing Date	February 5, 2004
First Named Inventor	BROWN, Michael K. et al.
Art Unit	2127
Examiner Name	n/a
Attorney Docket Number	13210-140

NON PATENT LITERATURE DOCUMENTS

Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
		European Examination Report Application No. 03815673.3-2414 Date: 31-01-2006	

Examiner
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Considered

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

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